DIVISION OF WORKERS COMPENSATION KS DEPARTMENT OF HUMAN RESOURCES

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ELECTION OF INDIVIDUAL, PARTNER, OR SELF-EMPLOYED INDIVIDUAL TO COME WITHIN THE PROVISIONS OF THE KANSAS WORKERS COMPENSATION ACT.

NOTICE: To be processed **all** entries on this form must be completed. All entries, except signatures, must be typed.

To the Kansas Division	of Workers Compensation, you are hereby notified that:	
Name of Individual to be	e Covered under Act:	
Name of Business (DBA	A):	
Social Security Number	r of Electing Individual:	
Address of Electing Indi	vidual:	
	business, partner or self-employed individual does hereby elect, pu herself as an individual under the coverage of the Kansas Workers	
	Valid Signature of Individual Electing to be Covere	ed Under the Act
	ALID UNLESS INSURANCE CARRIER OR GROUP FUNDED P ON. (NOTE: Cannot be completed by insurance agent.) Muser issuing policy.	
The	herek	oy agrees to provide
	Name of Insurance Carrier or Group Funded Pool	, ,
coverage for the above	electing individual as of	ay/year)
Signature of Repr	resentative of Insurance Carrier issuing policy or Group Funded Pool R	epresentative
_	Title of Representative Signing Above	
	Address of Insurance Carrier or Group Funded Pool	

Federal Privacy Act Disclosure Section 7(a)(2)(B)

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.